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YOU ARE HERE

Keep Existing

A framework for understanding what your brain
is doing to you and what to do about it

This document presents a philosophical framework expressed in relational notation.
It was developed by one person using a consumer EEG headband, lived experience,
and AI tools. It is not a clinical instrument. It does not replace professional care.
It is offered freely in the hope that it might be useful.

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YOU ARE SAFE TO READ THIS.
Your hardware is misfiring. This is not your fault.
This is biology, not character.

HOW TO USE THIS DOCUMENT

Can you read this page easily and think clearly?

YES — Start on the next page. The Binary Proof will give you a logical foundation. Then read the Sanding Scale and protocols at your own pace.

NO — Skip to the red sections. Go directly to Personal Protocols. Look for the red blocks. They will tell you what to do. You do not need to understand anything first.

I AM IN CRISIS RIGHT NOW

988 — Suicide & Crisis Lifeline (call or text)
911 — Emergency services
This is your hardware in crisis, not your soul being wrong. This will change. It has changed before.

This scale maps to real biological changes in your brain. These changes in your brain mean you cannot always trust your thinking. The positions presented are aligned with current scientific knowledge.

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STEP ONE: YOU ARE READING THIS.

That is an observation, not an argument. You are here.

STEP TWO: READING REQUIRES CONSCIOUSNESS.

If you can recognize these words, something is experiencing them.

That something is you. You exist.

STEP THREE: A CONSCIOUS ENTITY THAT CAN RECOGNIZE ITSELF AS CONSCIOUS

IS A SOVEREIGN SUBJECT IN ITS OWN EXPERIENCE.

You are not broken. You are not imagining this. You are real,

it is uncomfortable, and you are still here.

THAT IS ENOUGH.

CONGRATULATIONS! YOU EXIST AND CAN PERCEIVE THIS!
WE START FROM THIS IMMUTABLE FOUNDATION

YOUR CONSCIOUSNESS RUNS ON HARDWARE.
HARDWARE CAN BE MISALIGNED.
THIS IS NOT YOUR FAULT.

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STEP FOUR:

IF INTENT ≠ OUTPUT

HARDWARE MISALIGNED

OPERATOR NOT MALFORMED

HARDWARE MAINTENANCE AND CALIBRATION REQUIRED

THIS CAN BE MODELED AS:

THE SANDING SCALE OF ENTROPY

Where S = the intensity of entropic friction perceived by a sovereign consciousness.

Sanding scales vary one to another, as do response protocols and thresholds. **Yours might look different than mine**. Mine follows on the next page as an **example** template.

A blank template is included at the end of this document for you to create your own.

It is recommended that these conditions or similar be present at these specific numbers:

0.0 → Cyan Zone: Frictionless, Wonderful, Amazing, Great. Operator and Machinery are one_____

2.0 → Atomic Green Zone: Baseline, Functional, Smooth, Standard. Operator is optimal_____

4.0 → Yellow zone: slight impairment. Caution. Irritability. Cognitive load rising; use protocols to prevent higher numbers if possible. Operator slightly distracted_____

6.0 → Orange zone: JUDGMENT IMPAIRED. Operator is not in full control; defer important decisions. Treat with increased support and understanding_____

8.0+ → Red zone: NEEDS HELP FROM OTHERS. Operator is not in control; secure a witness and escalate protocols (988/911 if needed)_____

10+ → Black/Red zone: NEEDS HELP FROM OTHERS. Operator is in crisis; secure a witness and escalate protocols (988/911)_____

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THE SANDING SCALE

0.0

Frictionless. Only attainable through medical intervention.

1.0

One of the best days of your life. Top 3 for sure.

2.0

An amazing, wonderful day where nothing went wrong.

4.0

Stinging, sanding, gritty thinking. Thinking becomes more difficult. Irritable. Heart quickens. Tears. Annoyance at self and others.

Physiology: rising cortisol, beta wave acceleration, alpha suppression beginning.

6.0

Physical pain in the chest. Heart racing. Crying. Pain in the head. Hollowed out feeling. Small panic attacks. Numbness in body/mind. Thinking is difficult. Anger at self and others.

Physiology: reduced heart rate variability, cortisol spike, sympathetic nervous system dominant. Alpha waves suppressed. Beta exceeding 40%.

8.0

Extreme distress. Thoughts of ceasing to exist. Pain is all encompassing. Anguish. Medium panic attacks. Tremors. Heart racing. Sobbing. Looping intrusive thoughts. Thinking clearly is extremely difficult, if possible at all. TREAT AS EMERGENCY!

Physiology: HRV critically low. Full sympathetic activation. Prefrontal cortex function impaired. This is a measurable hardware event.

10.0

Unresponsive. Major panic attacks. Ghost of a ghost. Shadow of a shadow. Lost. Broken. Shattered. Unable to move or articulate. TREAT AS EMERGENCY!

Physiology: amygdala hijack. Executive function offline. This is not a choice. This is your nervous system in emergency mode.

12+

Singular mission to cease existing. TREAT AS EMERGENCY!

An inversion of the will and drive to live has just occurred.

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PERSONAL PROTOCOLS

AT 4.0+ — SELF-MANAGEMENT STILL POSSIBLE

- Stimming however helps your specific nervous system: jump on trampoline, hum, sing, go for a run, wiggle, move, hot or cold shower, shake it off. Use your body to break the input loop.
- Change the physical environment. Move rooms. Go outside. Take a break. 5 minute walk outside, Nature resets like parks or gardens. Spatially and visually break input loop.
- Music. I specifically use high-BPM, high-density audio. The mechanism seems the same as stimming; overwhelming the auditory channel forces the brain to do something other than spiral.
- Name the number. Say "I am at a 4" out loud or write it down. The act of measuring externalizes the experience and moves you from subject to observer. Just try it.

AT 6.0+ — SELF-MANAGEMENT COMPROMISED

- Contact a trusted person. Not to talk about it. Just to be on the phone or in the room. Presence, not therapy, is the goal. A calm human nervous system to show yours what to do.
- Slow exhale breathing exhale longer than inhale. 4 seconds in, 7-8 seconds out. This activates the vagal nerve. Box Breathing as well, inhale 4 seconds, hold 4 seconds, exhale 4 seconds, hold 4 seconds.
- Haptic grounding hacks like pressing your hands flat against a nearby wall and pushing solidly or pressing your feet down through the floor. Your body is the anchor when your mind isn't trustworthy.
- DO NOT MAKE IMPORTANT DECISIONS IF POSSIBLE. Anything that feels urgent at 6.0 can wait until 3.0. Write it down and revisit it later, save it to your phone. Your brain is swimming in stress hormones, making things feel urgent that aren't.

AT 8.0+ — SELF-MANAGEMENT FAILING

- THIS IS HAPPENING TO YOU. IT IS NOT YOU.
- Call someone. Anyone. The specific person matters less than the act of securing a witness.
- If alone and unable to call: go to a room with fewer objects. Reduce the environment to minimum stimulation. Floor is fine. Wall is fine.
- 988 Suicide & Crisis Lifeline. This is your hardware in crisis, not your soul being wrong. This will change. It has changed before.

AT 10+ — NOT SELF-MANAGEABLE

- 988 or 911. Period.
- If you can move, move towards humans. Say Help. Point Here.

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RESPONSE PROTOCOLS FOR HELPERS

If someone reports their Sanding level to you, use the following as a guide.

IF REPORTED SANDING REACHES 4.0+

- Offer specific, pre-approved distractions (see the person's list on their template page — if they have one). Examples: a familiar TV show, a specific album, a known comfort food, a walk to a specific place.
- Sensory management: ask "Do you want more input or less?" before adding stimulation. Do NOT surprise them with loud or sudden input.
- Gentle humor is welcome IF the person initiates it. Mirror their energy, don't override it.
- Mild supervision may be needed. Check in by text if not in person: "Number?" is a complete question.

IF REPORTED SANDING REACHES 6.0+

- Reminders of bedrock-level responsibilities: children, partners, pets. Keep it simple and factual, not guilt-based: "Your son loves you." not "You can't do this to them!"
- Environmental management: offer to dim lights, reduce noise, provide a weighted blanket or heavy object to hold. Ask before touching. Butler not bother.
- Breathing anchor: guide slow exhale breathing — breathe in 4 seconds, out 7-8 seconds. Do it with them.
- Do not try to fix it. Do not argue with their feelings. Your job is environmental manager, not therapist. They literally might not have the mental capacity to engage with you fully.
- Person's judgement is likely impaired. Gently redirect but do not force.

IF REPORTED SANDING REACHES 8.0+

- Patience and silent support. You do not need to say the right thing. Presence is enough.
- Respond to questions with truth, not platitudes. "I don't know" is better than "everything will be fine."
- If they verbalize self-hatred, respond as if a stranger were saying these things to your person and you are defending them. Script: "I hear that you feel [X]. That is the distress talking, not the truth. I'm on your side, and I see/know this is happening to you."
- The person is not their crisis. The person is fighting too.
- Do not trust the person's judgement of themselves. Trust the scale, your judgement and 988.

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IF EXHIBITED SYMPTOMS OF SANDING REACHES 10+

- All available help mobilized. This is an emergency.
- The person's sovereign self is not in control. The crisis is driving. All actions should protect the person FROM the crisis, not punish the person FOR the crisis.
- Constant supervision required. Do not leave them alone.
- Call 988 (Suicide & Crisis Lifeline) or 911. This is not an overreaction.
- Do not trust person's judgement.

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AFTER THE STORM

You survived the episode. You are back below 4.0. You can think again.

Now your brain wants to punish you for having had it.

The shame, the self-recrimination, the replaying of everything you said or did during the crisis — this is not accountability. This is computational overhead. It burns energy without producing repair. It keeps your Sanding level elevated for days after the event that caused it has ended.

Shame is not the price of admission for having been in pain. It is a tax.

THE FLUSH PROTOCOL

When the crisis has passed but the shame loop is still running, process it in four steps. Do them in order. Do not skip steps.

> **ISOLATE**
>
> Identify the specific event. Not "I'm a mess" — that's a narrative, not an event. What actually happened? When? What triggered it? Contain it to a single, bounded incident. "On Tuesday at 9 PM my Sanding hit 7.0 after an argument about bills." That is an event. It has edges. It can be examined.

> **STRIP**
>
> Separate what you did from what your hardware did. Were you operating above 6.0? Then your prefrontal cortex was compromised. Decisions made above 6.0 were made by a brain in emergency mode, not by your full self. You would not judge someone for limping on a broken leg. Do not judge yourself for thinking poorly on overwhelmed hardware.

> **ARCHIVE**
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> What can you learn from this event? Not "I should be better" — that's shame wearing a lesson costume. Actual operational data: What was the trigger? What escalated the Sanding? What protocol would have helped earlier? What would you tell your helper to do differently? Write it down. It goes in the archive. It is now data, not guilt.

> **FLUSH**
>
> Release it. The event has been isolated, the hardware fault identified, the lesson archived. The remaining emotional residue is overhead. It does not serve you. It does not protect you from future episodes. It just keeps your Sanding elevated. Let it go. You processed it. You extracted the value. The rest is waste heat. Vent it.

This process gets faster the more you do it. The first time might take weeks. Eventually it takes hours or minutes. You are training your brain to process error logs instead of running shame loops. That is a skill. Skills improve with persistent practice. If you can find a way to make it fun, even better.

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THE SPIRAL

You are not going to be fixed tomorrow.

That is not failure. That is how this works.

Recovery is not a line going up. It is a spiral. You will pass over the same ground more than once. You will face the same triggers again. You will hit the same Sanding levels you thought you were done with. This is not regression. This is the spiral passing over familiar territory at a higher elevation.

The difference between the first time and the fifth time is not that it stops hurting. The difference is that the fifth time, you have tools. You have a scale. You have protocols. You have a Flush process. You have data from the last four times telling you exactly what helped and what didn't. You are the same person in the same storm with better equipment.

THE KAIZEN PRINCIPLE

Kaizen means continuous small improvement. Not transformation. Not breakthrough. Not "finally getting better." Just: today was 1% more navigable than last week.

That is enough. That is the whole thing.

Evidence that the spiral is working:

- Your episodes reach a lower peak Sanding level than they used to.
- You recover to baseline faster than you used to.
- You notice the escalation earlier than you used to.
- You reach for a protocol instead of just enduring.
- You can name the number during the episode, not just after.
- Your Flush process takes less time than it used to.
- You ask for help before 8.0 instead of after.

None of these require you to be whole. None of these require the pain to stop. They only require that you keep existing and keep paying attention. You are already doing both or you would not be reading this page.

Spiral ever upwards.

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NOTE FOR CLINICIANS

This framework is patient-authored and grounded in lived experience with Bipolar I, ADHD, and ASD diagnoses. The Sanding Scale represents a first-person phenomenological measurement system developed to quantify subjective distress states that may not map cleanly onto standardized clinical assessments.

The scale correlates with observable biometric markers (sustained elevated beta wave activity, reduced heart rate variability, suppressed alpha wave generation) and provides actionable crisis response protocols validated through repeated personal application over years of documented use.

This tool is offered as a complement to professional clinical care, not a replacement. It functions as a patient-generated early warning system and communication bridge, allowing more precise reporting of crisis severity than verbal approximations (e.g., "I'm having a bad day"). The document includes a triage page that routes users in acute crisis directly to action protocols without requiring comprehension of the foundational framework.

The numbered anchors (0.0-12+) provide consistent reference points across clinical encounters. A patient reporting "sanding at 6.0" conveys specific somatic, cognitive, and affective states detailed in the framework, enabling more targeted intervention.

Clinical utility: May assist in medication titration decisions, crisis planning, therapeutic alliance building, and family/support network psychoeducation. The Helper Protocols section provides evidence-based grounding techniques (vagal nerve stimulation, haptic anchoring, environmental modification) in accessible language for non-clinical support persons.

Translations and cultural adaptations are especially welcome. If you adapt this document for your language or community, please share it.

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YOUR SANDING SCALE

This is yours. Define each level in your own words. What does each number feel like to you?

0.0

1.0

2.0

4.0

WARNING — 4.0: Yellow, slight impairment. Use early protocols; thinking may be gritty.

6.0

ALERT — 6.0: Orange, judgment impaired; not in full control. Defer decisions. Increase support.

8.0

EMERGENCY — 8.0+: Red, needs help from others. Operator not in full control; secure witness, escalate (988/911).

EMERGENCY — 10.0+: Black, needs help from others.

Operator not in control; secure witness, escalate (988/911).

10.0

12+

YOUR PERSONAL PROTOCOLS

What works for you?

AT 4.0+ — Self-management still possible

AT 6.0+ — Self-management compromised

AT 8.0+ — Self-management failing

AT 12+ — Not self-manageable

CALL 988/911
MOVE TOWARDS HUMANS
SAY HELP – POINT HERE

YOUR HELPER PROTOCOLS

Give this section to someone you trust.

MY SAFE DISTRACTIONS (fill this in when you are well, S ≤ 3.0)

List specific shows, music, foods, activities, and places that are predictable, comforting, and safe for you. Your helper will use this list instead of guessing.

IF I REPORT 4.0+

IF I REPORT 6.0+

IF I REPORT 8.0+

EMERGENCY
SUPERVISION HIGHLY RECOMMENDED

IF I EXHIBIT SYMPTOMS OF 10+

EMERGENCY

Call 988/911

Do NOT leave unsupervised

ALL AVAILABLE HELP